

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

LIUDVIKAS BUKYS & PAMELA ANN K. BUKYS, h/w individually and LIUDVIKAS BUKYS as Administrator of the Estate of KATHERINE A. BUKYS, Deceased

(b) County of Residence of First Listed Plaintiff _____
(EXCEPT IN U.S. PLAINTIFF CASES)

DEFENDANTS

RICHARD J. TABOR, M.D., TEAM HEALTH HOLDINGS, INC., d/b/a TEAM HEALTH, ERM MEDICINE, THE POCONO HEALTH SYSTEM, d/b/a THE POCONO MEDICAL CENTER

County of Residence of First Listed Defendant _____

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

(c) Attorneys (Firm Name, Address, and Telephone Number)

EUGENE MATTIONI, ESQUIRE

MATTIONI, LTD.

399 MARKET STREET, SUITE 200, PHILA., PA 19106 (215) 629-1600

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- | | |
|--|--|
| <input type="checkbox"/> 1 U.S. Government Plaintiff | <input type="checkbox"/> 3 Federal Question
(U.S. Government Not a Party) |
| <input type="checkbox"/> 2 U.S. Government Defendant | <input checked="" type="checkbox"/> 4 Diversity
(Indicate Citizenship of Parties in Item III) |

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

	PTF	DEF		PTF	DEF
Citizen of This State	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Citizen of Another State	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	<input type="checkbox"/> PERSONAL INJURY	<input type="checkbox"/> PERSONAL INJURY	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 375 False Claims Act
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 365 Personal Injury - Product Liability	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury	PROPERTY RIGHTS	<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 368 Product Liability	<input type="checkbox"/> 820 Copyrights	<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 830 Patent	<input type="checkbox"/> 450 Commerce
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 370 Other Fraud	<input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 371 Truth in Lending	LABOR	<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 380 Other Personal Property Damage	<input type="checkbox"/> 710 Fair Labor Standards Act	<input type="checkbox"/> 480 Consumer Credit
<input type="checkbox"/> 160 Stockholders' Suits	<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 720 Labor/Management Relations	<input type="checkbox"/> 490 Cable/Sat TV
<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 740 Railway Labor Act	<input type="checkbox"/> 751 Family and Medical Leave Act	<input type="checkbox"/> 850 Securities/Commodities/ Exchange
<input type="checkbox"/> 195 Contract Product Liability	<input checked="" type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 790 Other Labor Litigation	<input type="checkbox"/> 791 Employee Retirement Income Security Act	<input type="checkbox"/> 890 Other Statutory Actions
<input type="checkbox"/> 196 Franchise				<input type="checkbox"/> 891 Agricultural Acts
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	SOCIAL SECURITY	<input type="checkbox"/> 893 Environmental Matters
<input type="checkbox"/> 210 Land Condemnation	<input type="checkbox"/> 440 Other Civil Rights	Habeas Corpus:	<input type="checkbox"/> 861 HIA (1395ff)	<input type="checkbox"/> 895 Freedom of Information Act
<input type="checkbox"/> 220 Foreclosure	<input type="checkbox"/> 441 Voting	<input type="checkbox"/> 463 Alien Detainee	<input type="checkbox"/> 862 Black Lung (923)	<input type="checkbox"/> 896 Arbitration
<input type="checkbox"/> 230 Rent Lease & Ejectment	<input type="checkbox"/> 442 Employment	<input type="checkbox"/> 510 Motions to Vacate Sentence	<input type="checkbox"/> 863 DIWC/DIW/W (405(g))	<input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision
<input type="checkbox"/> 240 Torts to Land	<input type="checkbox"/> 443 Housing/ Accommodations	<input type="checkbox"/> 530 General	<input type="checkbox"/> 864 SSD Title XVI	<input type="checkbox"/> 950 Constitutionality of State Statutes
<input type="checkbox"/> 245 Tort Product Liability	<input type="checkbox"/> 445 Amer. w/Disabilities - Employment	<input type="checkbox"/> 535 Death Penalty	<input type="checkbox"/> 865 RSI (405(g))	
<input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 446 Amer. w/Disabilities - Other	Other:		
	<input type="checkbox"/> 448 Education	<input type="checkbox"/> 540 Mandamus & Other		
		<input type="checkbox"/> 550 Civil Rights		
		<input type="checkbox"/> 555 Prison Condition		
		<input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement		
			IMMIGRATION	
			<input type="checkbox"/> 462 Naturalization Application	
			<input type="checkbox"/> 465 Other Immigration Actions	

V. ORIGIN (Place an "X" in One Box Only)

- 1 Original Proceeding 2 Removed from State Court 3 Remanded from Appellate Court 4 Reinstated or Reopened 5 Transferred from Another District (specify) 6 Multidistrict Litigation

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
28 U.S.C. Section 1332

VI. CAUSE OF ACTION

Brief description of cause:
Medical Malpractice/Wrongful Death & Survival Act,

VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION
UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:
JURY DEMAND: Yes No

VIII. RELATED CASE(S)

IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

7/17/2015

FOR OFFICE USE ONLY

SIGNATURE OF ATTORNEY OF RECORD

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF PENNSYLVANIA — DESIGNATION FORM to be used by counsel to indicate the category of the case for the purpose of assignment to appropriate calendar.

Address of Plaintiff: 1 Cloister Lane, Webster, NY 14580

Address of Defendant: 208 East Brown Street, East Stroudsburg, PA 18301, 3130 Muirfield Road, Center Valley, PA 18034 (SEE ATTACHED SHEET)

Place of Accident, Incident or Transaction: PCCONOMEDICAL CENTER, STRoudSBURG, PA

(Use Reverse Side For Additional Space)

Does this civil action involve a nongovernmental corporate party with any parent corporation and any publicly held corporation owning 10% or more of its stock?

(Attach two copies of the Disclosure Statement Form in accordance with Fed.R.Civ.P. 7.1(a))

Yes No

Does this case involve multidistrict litigation possibilities?

Yes No

RELATED CASE, IF ANY:

Case Number: _____ Judge _____ Date Terminated: _____

Civil cases are deemed related when yes is answered to any of the following questions:

1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court?

Yes No

2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court?

Yes No

3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action in this court?

Yes No

4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual?

Yes No

CIVIL: (Place in ONE CATEGORY ONLY)

A. Federal Question Cases:

1. Indemnity Contract, Marine Contract, and All Other Contracts
2. FELA
3. Jones Act-Personal Injury
4. Antitrust
5. Patent
6. Labor-Management Relations
7. Civil Rights
8. Habeas Corpus
9. Securities Act(s) Cases
10. Social Security Review Cases
11. All other Federal Question Cases

(Please specify) _____

B. Diversity Jurisdiction Cases:

1. Insurance Contract and Other Contracts
2. Airplane Personal Injury
3. Assault, Defamation
4. Marine Personal Injury
5. Motor Vehicle Personal Injury
6. Other Personal Injury (Please specify)
7. Products Liability
8. Products Liability — Asbestos
9. All other Diversity Cases

(Please specify) Medical Malpractice

ARBITRATION CERTIFICATION

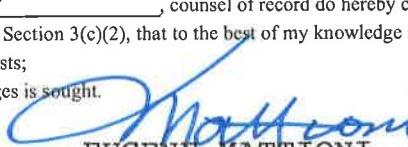
(Check Appropriate Category)

I, EUGENE MATTIONI, counsel of record do hereby certify:

Pursuant to Local Civil Rule 53.2, Section 3(c)(2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs;

Relief other than monetary damages is sought.

DATE: 07/17/2015


EUGENE MATTIONI

Attorney-at-Law

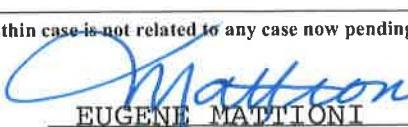
15291

Attorney I.D.#

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

I certify that, to my knowledge, the within case is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: 7/17/2015


EUGENE MATTIONI

Attorney-at-Law

15291

Attorney I.D.#

In Re: LIUDVIKAS BUKYS & PAMELA ANN K. BUKYS
h/w individually and LIUDVIKAS BUKYS as
Administrator of the ESTATE OF KATHERINE
A. BUKYS, Deceased

ADDITIONAL ADDRESSES

265 Brookview Center Way
Suite 400
Knoxville, Tennessee 37919

208 East Broad Street
East Stroudsburg, PA 18301

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

CASE MANAGEMENT TRACK DESIGNATION FORM

LIUDVIKAS BUKYS & PAMELA ANN K. BUKYS : CIVIL ACTION
h/w individually and LIUDVIKAS BUKYS :
as Administrator of the ESTATE OF KATHERINE
A. BUKYS, Deceased : NO.

v

RICHARD J. TABOR, M.D. (SEE ATTACHED SHEET) In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ()
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ()
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ()
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ()
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) (x)
- (f) Standard Management – Cases that do not fall into any one of the other tracks. ()

07/17/2015
Date


Attorney-at-law

PLAINTIFFS
Attorney for

(215) 629-1600

(215) 923-2227

emattioni mattioni.com

Telephone

FAX Number

E-Mail Address

**IN THE UNITED STATES DISTRICT COURT FOR THE
EASTERN DISTRICT OF PENNSYLVANIA
504 HAMILTON STREET, ROOM 1601
ALLENTOWN, PENNSYLVANIA 18101-1500**

LIUDVIKAS BUKYS and PAMELA ANN K. BUKYS	:	CIVIL ACTION
h/w individually and LIUDVIKAS BUKYS as	:	
Administrator of the ESTATE OF KATHERINE A.	:	NO:
BUKYS, DECEASED	:	
Plaintiffs		
v.	:	
RICHARD J. Tabor, M.D.	:	DEMAND FOR JURY
TEAM HEALTH HOLDINGS, INC. d/b/a TEAM	:	TRIAL
HEALTH, ERM MEDICINE,	:	
THE POCONO HEALTH SYSTEM d/b/a	:	
THE POCONO MEDICAL CENTER	:	
Defendants		

PLAINTIFFS' CIVIL ACTION COMPLAINT

Plaintiffs, Liudvikas Bukys and Pamela Ann K. Bukys, individually, and Plaintiff Liudvikas Bukys, as Administrator of the Estate of Katherine A. Bukys, Deceased, allege:

PARTIES AND JURISDICTION

1. Plaintiffs, Liudvikas Bukys and Pamela Ann K. Bukys, are the parents of Katherine A. Bukys, Deceased (herein Katherine or Decedent), and are individual citizens of the State of New York residing at 1 Cloister Lane, Webster, New York 14580.
2. Liudvikas Bukys was appointed Administrator of the Estate of Katherine A. Bukys by the Surrogate of the County of Monmouth, New Jersey, on December 8, 2014, and brings this action individually and on behalf of the Estate of Katherine A. Bukys, Deceased, and on

behalf of all persons entitled to recover damages pursuant to the Pennsylvania Wrongful Death, 42 Pa.C.S.A. § 8301. A copy of the Letters of Administration is attached hereto as Exhibit "A".

3. Katherine formerly resided and was domiciled at 1417 Unami Avenue, Ocean Township, Monmouth County, New Jersey 07712.
4. All Defendants are licensed professionals and have offices in East Stroudsburg, Pennsylvania. Plaintiffs are asserting a professional liability claim against all named defendants. Certificates of Merit applicable to Plaintiffs' claims against each of the Defendants, pursuant to Pa. R.C. P. 1042.3, are attached hereto as Exhibits "B" through "D".
5. Defendant Richard A. Tabor, M.D. (herein Dr. Tabor) is an individual adult citizen of and physician licensed to practice medicine in the Commonwealth of Pennsylvania who, at all times during the events at issue herein, has maintained an office and a regular place of business as a member of Team Health, EMR Medicine at Pocono Medical Center, 208 East Brown Street, East Stroudsburg, Pennsylvania 18301. He is believed to be residing and domiciled at 3130 Muirfield Road, Center Valley, Pennsylvania 18034.
6. Defendant Team Health Holdings, Inc., also known as and doing business as Team Health, EMR Medicine (herein Team Health) is a provider of hospital-based administrative and staffing services and is a corporation duly organized and existing pursuant to the laws of the State of Delaware with corporate headquarters at 265 Brookview Center Way, Suite 400, Knoxville, Tennessee 37919. Team Health has a nationwide presence, including within the Eastern District of Pennsylvania.

7. Defendant Pocono Health Systems, also known as and doing business as The Pocono Medical Center (herein Pocono Medical Center) is a corporation duly organized and existing pursuant to the laws of the Commonwealth of Pennsylvania which, at all times during the events at issue herein, has done business as and owned, maintained and/or operated a general hospital known at the Pocono Medical Center located at 208 East Brown Street, East Stroudsburg, Pennsylvania 18301.
8. Jurisdiction is based upon diversity of citizenship of the parties and the amount in controversy, without interest and costs, exceeds the sum or value specified by 28 U.S.C. §1332.
9. Venue is proper in this District pursuant to 28 U.S.C. §1391(b)(2) because this is a judicial district in which a substantial part of the events or omissions giving rise to the claim occurred. An essential element of Plaintiffs' cause of action occurred in this District in that Katherine received a substantial portion of her medical treatment, suffered extreme pain and suffering, and ultimately died at the Lehigh Valley Hospital located in Allentown, Pennsylvania. Furthermore, Pocono Medical Center is part of the Jefferson Neuroscience Network offering patients access to the resources of Jefferson's comprehensive stroke center. This is an action brought pursuant to the Wrongful Death and Survival Act of the Commonwealth of Pennsylvania, 42 Pa. C.S.A. § 8301 and 42 Pa. C.S.A . § 8302.
10. Venue is also proper in this District pursuant to 28 U.S.C. §1391(b)(1) and (d). Defendant Team Health is subject to personal jurisdiction in Pennsylvania and conducts business in the Eastern District of Pennsylvania. It has established multiple contacts with the Eastern District of Pennsylvania. Defendant Team Health has an office at 1201 Newtown-Langhorne Road, Langhorne, Pennsylvania 19047. It staffs various types of physicians and

personnel in hospitals in Philadelphia, Langhorne, and Norristown (Nazareth Hospital, St. Mary Medical Center, and Mercy Suburban Hospital, respectively). For venue purposes, a defendant corporation, such as Team Health, “shall be deemed to reside in any judicial district in which it is subject to personal jurisdiction at the time the action is commenced.” 28 U.S.C. §1391(d). Furthermore, Defendant Dr. Tabor is a resident and domiciliary of this District and is subject to personal jurisdiction in this District. 28 U.S.C. §1391(b)(1); *see also* 28 U.S.C. §1391(c)(1).

COUNT I: NEGLIGENCE

**LIUDVIKAS BUKYS AND PAMELA ANN K. BUKYS H/W INDIVIDUALLY
AND LIUDVIKAS BUKYS AS THE ADMINISTRATOR OF THE ESTATE
OF KATHERINE A. BUKYS, DECEASED v. ALL NAMED DEFENDANTS**

11. Plaintiffs incorporate by reference the averments in all preceding paragraphs as though set forth fully herein.
12. At all times relevant to this action, Dr. Tabor held himself out as specializing in emergency room medicine and was an agent, servant, employee, apparent agent, and/or ostensible agent of Defendants Pocono Medical Center and Team Health, acting within the course and scope of his agency and/or employment.
13. At all times during the events at issue herein, Defendant Team Health employed Defendant Dr. Tabor and, upon information and belief, provided emergency room physician staffing at Pocono Medical Center.
14. At all times during the events at issue herein, Defendant Team Health was acting in their institutional and/or corporate capacities and, also, was acting by and through their agents, servants, employees, apparent agents, and ostensible agents, whose identity beyond specified in this Complaint remains currently unknown to Plaintiffs.

15. At all times during the events at issue herein, Defendant Pocono Medical Center employed and/or controlled Defendant Dr. Tabor, was acting in their institutional and/or corporate capacities, and was also acting by and through their agents, servants, employees, apparent agents, and ostensible agents, whose identity beyond those specified in this Complaint remains currently unknown to Plaintiffs.
16. At all times relevant to this action, all Defendants were acting in their own right and, also, by and through the acts and omissions of their agents, servant, employees, apparent agents and/or ostensible agents, who were acting under the control or right of control of their principal and within the course and scope of said agency, employment, apparent agency, or ostensible agency; beyond the identity of said agents, servant, employees, apparent agents and/or ostensible agents described in the Complaint, said identity remains unknown to the Plaintiffs at the time of filing this Complaint.
17. Decedent Katherine Bukys became a patient at the Lehigh Valley Hospital on November 1, 2014 at or about 17:30 where she endured hours of pain and suffering after being transferred by medical helicopter from Pocono Medical Center.
18. Katherine died as a direct result of care and treatment by Defendants at Pocono Medical Center that fell outside the acceptable medical and professional standards in that there was a failure to promptly diagnose and treat obvious stroke symptoms and a failure to transfer Katherine to a high level of care in a timely manner.
19. On November 2, 2014, Katherine passed away at or about 05:51 at the Lehigh Valley Hospital after the medical team there was unable to save her life despite multiple interventions to control complications resulting from the delayed diagnosis and mismanagement of her stroke symptoms at the Pocono Medical Center.

20. Defendants Dr. Tabor, Team Health, and Pocono Medical Center solely, directly, and proximately caused the death of Katherine at the young age of 24 by the joint and several medical malpractice, negligence and carelessness of the Defendants while Katherine was in their care.
21. As a direct and proximate result of the medical malpractice, negligence, and carelessness of all named Defendants, acting individually or in concert, Katherine incurred medical expenses and a loss of earnings and earning capacity.
22. In addition to the averments of negligence and carelessness set forth above, Defendants Team Health and Pocono Medical Center are liable to Plaintiffs pursuant to the doctrine of corporate liability, as recognized by the Supreme Court of Pennsylvania in Thompson v. Nason Hosp., 591 A.2d 703 (Pa.1991), and its progeny.
23. Katherine's injuries and eventual death and demise at the young age of 24 were due in no matter whatsoever to any act or failure to act on Katherine's part and/or Plaintiffs' part, and Plaintiffs are entitled to recover the full value of the life of Decedent Katherine in addition to the damages listed above.
24. Katherine did not commence an action for damages relating to medical negligence in her lifetime.

COUNT II: WRONGFUL DEATH

**LIUDVIKAS BUKYS AND PAMELA ANN K. BUKYS H/W INDIVIDUALLY
AND LIUDVIKAS BUKYS AS THE ADMINISTRATOR OF THE ESTATE
OF KATHERINE A. BUKYS, DECEASED V. ALL NAMED DEFENDANTS**

25. Plaintiffs incorporate by reference the averments in all preceding paragraphs as though set forth here fully herein.

26. Plaintiffs, individually, and Plaintiff Liudvikas Bukys, in his capacity as the personal representative of the Estate of Katherine A. Bukys, Deceased, bring this action on behalf of all persons potentially entitled by law to recover damages for Katherine's wrongful death, in accordance with the Pennsylvania Wrongful Death Act, 42 Pa. C.S.A. § 8301, and Rule 2202 of the Pennsylvania Rules of Civil Procedure.

27. Katherine leaves surviving the following persons potentially entitled to recover under the Wrongful Death Act, 42 Pa. C.S.A. § 8301:

Liudvikas Bukys
1 Cloister Lane
Webster, New York 14580
(father and Plaintiff herein)

Pamela Ann K. Bukys
1 Cloister Lane
Webster, New York 14580
(mother and Plaintiff herein)

Elizabeth Bukys
34 N. Albion Drive
Colorado Springs, CO 80911
(sister of Decedent Katherine herein)

Zechariah Bukys
1 Cloister Lane
Webster, New York 14580
(brother of Decedent Katherine herein)

28. No recovery for the same damages claimed in this wrongful death action was obtained by Katherine during her lifetime, and no prior action has been brought on behalf of Katherine as a result of her wrongful death.

29. As proximate consequence of her wrongful death, Katherine's survivors have suffered, will continue to suffer forever, and claim damages for pecuniary losses including the following:

- (a) medical, funeral, burial, and estate administration expenses;
- (b) loss of the service, companionship, society, comfort, maintenance, guidance, and tutelage which Katherine would have provided for the remainder of her natural life;
- (c) loss of the contribution that Katherine would have made for the rest of her life.

30. Plaintiffs claim damages for the full measure of damages allowed under the Pennsylvania Wrongful Death Act and decisional law interpreting said Act.

WHEREFORE, Plaintiffs, Liudvikas Bukys and Pamela Ann K. Bukys, individually, and Liudvikas Bukys, as the Administrator of the Estate of Katherine A. Bukys, Deceased, hereby demand judgment against all named Defendants jointly and severally and claim compensatory damages in an amount in excess of the sum of value specified by 28 U.S.C. § 1332 exclusive of interest and costs, as well as prejudgment interest, post-judgment interest, and such other relief and damages as permitted by law.

COUNT III: SURVIVAL

LIUDVIKAS BUKYS, ADMINISTRATOR OF THE ESTATE OF KATHERINE A. BUKYS, DECEASED V. ALL NAMED DEFENDANTS

31. Plaintiff incorporates by reference the averments in all preceding paragraphs as though set forth fully herein.

32. Plaintiff brings this action on behalf of the Estate of Katherine A. Bukys, Deceased, in accordance with the Pennsylvania Survival Act, 42 Pa. C.S.A. § 8302.

33. Plaintiff claims damages for the losses sustained by Katherine's estate, including:

- (a) loss of Katherine's earnings, earning capacity, and income over the remainder of her natural life;

(b) Katherine's conscious mental and physical pain and suffering, discomfort, inconvenience, distress, embarrassment, fear, humiliation, disfigurement, and loss of life's pleasures from the time of the events at issue through the time of her death.

34. Plaintiff claims damages for the full measure of damages allowed under the Pennsylvania Survival Act and decisional law interpreting said Act.

WHEREFORE, Plaintiff, Liudvikas Bukys, Administrator of the Estate of Katherine A. Bukys, Deceased, hereby demands judgment against all named Defendants jointly and severally and claims compensatory damages in an amount in excess of the sum of value specified by 28 U.S.C. § 1332 exclusive of interest and costs, as well as prejudgment interest, post-judgment interest, and such other relief and damages as permitted by law.

JURY TRIAL DEMAND

Plaintiffs hereby demand a trial by a jury of twelve (12).

MATTIONI, LTD.

BY:


Eugene Mattioni, Esquire
Attorney I.D. #15291
399 Market Street, Suite 200
Philadelphia, PA 19106
(215) 629-1600
(215) 923-2227 (fax)
E-mail: emattioni@mattioni.com

Attorney for Plaintiffs Liudvikas Bukys and Pamela Ann K .Bukys h/w individually and Liudvikas Bukys as the Administrator of the Estate of Katherine A. Bukys, Deceased

Dated: 7/17/15

EXHIBIT “A”

**State of New Jersey
Monmouth County Surrogate's Court**



In the Matter of the Estate of
Katherine Bukys, Deceased
(aka:)

**ADMINISTRATION
SHORT CERTIFICATE**
Docket No. 240848

I, Rosemarie D. Peters, Surrogate of the County of **Monmouth**, do certify that Letters of Administration of the decedent, intestate, late of **Monmouth County**, on **December 8th, 2014**, were granted by the **Monmouth County Surrogate's Court** to **Liudvikas Bukys** who is(are) duly authorized to administer the same agreeably to law; and I further certify that said letters, as appears from the records of this Court, have never been revoked and still remain in full force and effect.

WITNESS my hand and seal of office, this
8th day of December 2014.

Rosemarie D. Peters
Rosemarie D. Peters, Surrogate



WARNING: It is illegal to duplicate this copy by photostat or photograph.



Lana R. Adams

Lana R. Adams
State Registrar

8313546

No.

NOV 05 2014

Date

Type/Print In
Permanent
Black Ink

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF HEALTH - VITAL RECORDS

CERTIFICATE OF DEATH

State File Number:

3. Decedent's Legal Name (First, Middle, Last, Suffix)		2. Sex	3. Social Security Number	4. Date of Death (Mo/Day/Yr) (Spell Mo)
Katherine Bukys		Female	0 6 1 - 7 8 - 2 6 9 8	November 2, 2014
5a. Age-Last Birthday (Yrs)	5b. Under 1 Year	5c. Under 1 Day	5d. Date of Birth (Mo/Day/Yr) (Spell Month)	7a. Birthplace (City and State or Foreign Country)
24	Months	Days	Hours Minutes	Rochester NY
		June 16, 1990		7b. Birthplace (County)
8a. Residence (State or Foreign Country)		8b. Residence (Street and Number - Include Apt No.)		8c. Did Decedent Live in a Township?
NJ		1417 Unami Ave. Rear		(Yes, deceased lived in Ocean twp.
8d. Residence (County)		8e. Residence (Zip Code)		(No, deceased lived within limits of city/boro.
Monmouth		0 7 7 1 2		
9. Ever in US Armed Forces?		10. Marital Status at Time of Death		11. Surviving Spouse's Name (If wife, give name prior to first marriage)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		Pamela Ann Krause
12. Father's Name (First, Middle, Last, Suffix)		13. Mother's Name Prior to First Marriage (First, Middle, Last)		
Liudvikas Bukys		Pamela Ann Krause		
14a. Informant's Name		14b. Relationship to Decedent		14c. Informant's Mailing Address (Street and Number, City, State, Zip Code)
Liudvikas Bukys		father		1 Cloister Lane Webster NY 14580
15a. Place of Death (Check only one)				
<input type="checkbox"/> If Death Occurred in a Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival				
15b. Facility Name (If not institution, give street and number) Lehigh Valley Hospital - Cedar Crest				
15c. City or Town, State, and Zip Code Allentown, PA 18103				
15d. County of Death Lehigh				
16a. Method of Disposition		16b. Date of Disposition		16c. Place of Disposition (Name of cemetery, crematory, or other place)
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		11 - 4 - 2014		Strauch Crematory
16d. Location of Disposition (City or Town, State, and Zip)		17a. Signature of Funeral Service Licensee or Person in Charge of Interment		17b. License Number
Lehigh Twp Pa 18424		<i>Jolene McCullough</i>		fd-138455
17c. Name and Complete Address of Funeral Facility Brian Arthur Strauch Funeral Homes & Cremation Svcs 602 Birch St Scranton Pa 18505				
18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> No diploma, 9th - 12th grade <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input checked="" type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)				
19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)				
20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify)				
21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Samoan <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander				
22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. Packaging Engineer				
22b. Kind of Business/Industry Food				
23a. Date Pronounced Dead (Mo/Day/Yr) 23b. Signature of Person Pronouncing Death (Only when applicable) 23c. License Number				
23d. Date Signed (Mo/Day/Yr) 24. Time of Death 5:51 AM 25. Was Medical Examiner or Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
CAUSE OF DEATH				
26. Part I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary				
IMMEDIATE CAUSE _____ (Final disease or condition resulting in death)				
a. Intracerebral Hemorrhage Due to (or as a consequence of):				
b. Cerebrovascular Accident (Stroke) Due to (or as a consequence of):				
c. _____ Due to (or as a consequence of):				
d. _____ Due to (or as a consequence of):				
26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I none				
27. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No				
29. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input checked="" type="checkbox"/> Unknown if pregnant within the past year				
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No. <input type="checkbox"/> Unknown				
31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined				
32. Date of Injury (Mo/Day/Yr) (Spell Month)				
33. Time of Injury				
34. Place of Injury (e.g. home; construction site; farm; school)				
35. Location of Injury (Street and Number, City, County, State, Zip Code)				
36. Injury at Work 37. If Transportation Injury, Specify: <input type="checkbox"/> Yes <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				
38. Describe How Injury Occurred:				
39a. Certifier - physician, certified nurse practitioner, medical examiner/coroner (Check only one): <input checked="" type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				
Signature of certifier: <i>Greg W. Clauer, MD</i> Title of certifier: MD License Number: MD071824L				
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) Gary W. Clauer, MD 1250 S Cedar Crest Blvd, Allentown, PA 18103				
39c. Date Signed (Mo/Day/Yr) November 2, 2014				
40. Registrar's District Number 35327 41. Registrar's Signature <i>Michelle N. Kinsella</i>				
42. Registrar File Date (Mo/Day/Yr) NOV 05 2014				
43. Amendments CORRECTED ITEM: #25 PER FD 11-5-14 js				

EXHIBIT “B”

IN THE UNITED STATES DISTRICT COURT FOR THE
EASTERN DISTRICT OF PENNSYLVANIA

LIUDVIKAS BUKYS and PAMELA ANN K. BUKYS : CIVIL ACTION
h/w individually and LIUDVIKAS BUKYS as :
Administrator of the ESTATE OF KATHERINE A. : NO:
BUKYS, DECEASED :
:

Plaintiffs

v.

RICHARD J. TABOR, M.D. :
TEAM HEALTH HOLDINGS, INC. d/b/a TEAM :
HEALTH, ERM MEDICINE, :
THE POCONO HEALTH SYSTEM d/b/a :
THE POCONO MEDICAL CENTER :
:

Defendants

CERTIFICATE OF MERIT AS TO DEFENDANT RICHARD J. TABOR, M.D.

I, Eugene Mattioni, Esquire, certify that:

an appropriate licensed professional has supplied a written statement to the undersigned
that there is a basis to conclude that the care, skill, or knowledge exercised or exhibited by this
Defendant in the treatment, practice, or work that is the subject of the Complaint, fell outside
acceptable professional standards and that such conduct was a cause in bringing about the harm;

AND/OR

the claim that this Defendant deviated from an acceptable professional standard is based
on allegations that other licensed professionals for whom this Defendant is responsible deviated
from an acceptable professional standard and an appropriate licensed professional has supplied a
written statement to the undersigned that there is a basis to conclude that the care, skill, or

knowledge exercised or exhibited by the other licensed professionals in the treatment, practice, or work that is the subject of the Complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm;

AND/OR

expert testimony of an appropriate licensed professional is unnecessary for prosecution of the claim against this Defendant.

BY:



EUGENE MATTIONI, ESQUIRE

Dated: 7/17/15

EXHIBIT “C”

IN THE UNITED STATES DISTRICT COURT FOR THE
EASTERN DISTRICT OF PENNSYLVANIA

LIUDVIKAS BUKYS and PAMELA ANN K. BUKYS : CIVIL ACTION
h/w individually and LIUDVIKAS BUKYS as :
Administrator of the ESTATE OF KATHERINE A. : NO:
BUKYS, DECEASED :
:

Plaintiffs :
:

v.
:

RICHARD J. Tabor, M.D.
TEAM HEALTH HOLDINGS, INC. d/b/a TEAM
HEALTH, ERM MEDICINE,
THE POCONO HEALTH SYSTEM d/b/a
THE POCONO MEDICAL CENTER
:

Defendants :
:

**CERTIFICATE OF MERIT AS TO DEFENDANT TEAM
HEALTH HOLDINGS, INC. d/b/a TEAM HEALTH, ERM MEDICINE**

I, Eugene Mattioni, Esquire, certify that:

an appropriate licensed professional has supplied a written statement to the undersigned
that there is a basis to conclude that the care, skill, or knowledge exercised or exhibited by this
Defendant in the treatment, practice, or work that is the subject of the Complaint, fell outside
acceptable professional standards and that such conduct was a cause in bringing about the harm;

AND/OR

the claim that this Defendant deviated from an acceptable professional standard is based
on allegations that other licensed professionals for whom this Defendant is responsible deviated
from an acceptable professional standard and an appropriate licensed professional has supplied a

written statement to the undersigned that there is a basis to conclude that the care, skill, or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice, or work that is the subject of the Complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm;

AND/OR

expert testimony of an appropriate licensed professional is unnecessary for prosecution of the claim against this Defendant.

BY:



EUGENE MATTIONI, ESQUIRE

Dated: 7/17/15

EXHIBIT “D”

IN THE UNITED STATES DISTRICT COURT FOR THE
EASTERN DISTRICT OF PENNSYLVANIA

LIUDVIKAS BUKYS and PAMELA ANN K. BUKYS : CIVIL ACTION
h/w individually and LIUDVIKAS BUKYS as :
Administrator of the ESTATE OF KATHERINE A. : NO:
BUKYS, DECEASED

Plaintiffs

v.

RICHARD J. Tabor, M.D.
TEAM HEALTH HOLDINGS, INC. d/b/a TEAM
HEALTH, ERM MEDICINE,
THE POCONO HEALTH SYSTEM d/b/a
THE POCONO MEDICAL CENTER

Defendants

**CERTIFICATE OF MERIT AS TO DEFENDANT THE
POCONO HEALTH SYSTEM d/b/a THE POCONO MEDICAL CENTER**

I, Eugene Mattioni, Esquire, certify that:

an appropriate licensed professional has supplied a written statement to the undersigned
that there is a basis to conclude that the care, skill, or knowledge exercised or exhibited by this
Defendant in the treatment, practice, or work that is the subject of the Complaint, fell outside
acceptable professional standards and that such conduct was a cause in bringing about the harm;

AND/OR

the claim that this Defendant deviated from an acceptable professional standard is based
on allegations that other licensed professionals for whom this Defendant is responsible deviated
from an acceptable professional standard and an appropriate licensed professional has supplied a

written statement to the undersigned that there is a basis to conclude that the care, skill, or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice, or work that is the subject of the Complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about the harm;

AND/OR

expert testimony of an appropriate licensed professional is unnecessary for prosecution of the claim against this Defendant.

BY:



EUGENE MATTIONI, ESQUIRE

Dated: 7/17/15